

# **Discovery Bay Recreation Club Temporary Supplementary Card Application Form**

愉 景 灣 康 樂 1	會臨時附屬屬會員證言申請表							
Card Nature 性質 : 🗌 Adult 成人 (Aged 18 or above)	□ Special Membership 特別會員 (Aged 6-17 / 65 or above 6-17歲 / 65歲或以上適用)							
Valid For 有效期為: □ 30 days 30日 □ 60 days 60日	Applicant can only apply 2 times in a calendar year							
Including Fitness During the Valid Period 生效期間同時有								
☐ YES, and agree with the 'Important Notes' below. 是 · 並同意下列之「 <u>註意事項</u> 」)								
<ul> <li>Important Notes 註意事項:</li> <li>● Fitness membership is only applicable for members at 15 years old or above. 健身會籍只適用於十五歲或以上之會員參加。</li> </ul>								
<ul> <li>I, being a member of DBRCL, confirm that the information given below is true and correct. If my application is successful, I shall be fully responsible for the payment of all the expenses and be bound and abide by the Club Rules and By-Laws. The Discovery Bay Recreation Club Limited, Club Siena, its holding companies, subsidiaries, affiliates and associated companies, their officers, employees, servants, agents of licensees shall not be liable or responsible to the applicants for any loss, injury, damages, claims, cost or expenses whatsoever, which may be sustained by the applicant caused by or in consequence of any fitness activities in the Fitness Centres, Weights Rooms and Dance Studio. 本人(即康樂會會員) 清楚明白以下提供的資料正確無誤。若本人之申請獲偷景灣康樂會接受,本人必須為所有消費負責,並遵守在會所章程及附例內之一切條款。若於使用健身室、舉重室及舞蹈室時引致任何遺失、受傷、損傷、索賠、成本或開支,愉景灣康樂會有限公司、海澄湖畔會所、其控股公司、附屬公司、下屬、公司及聯營公司之主任、 僱員、服務員及代理持牌人等,均無需因此而負上有關責任。</li> </ul>								
I, the Fitness Member, declare that I have no health condition and am physically fit to use fitness equipment. I understand that I have to produce a doctor's certificate to show that I am still fit to have fitness training despite any physical conditions I might have in order to ensure my own health and safety. The Discovery Bay Recreation Club Limited shall not be liable or responsible for my loss, injury or whatsoever due to my negligence of my health issues. 本人(即健身會籍申請人) 聲明本人並沒有健康問題及身體狀況良好,適宜使用健身器材。本人明白如本人有任何健康問題,必須提供醫生証明以確保本人之健身練習不會影響身體及安全。愉景灣康樂會有限公司均無需因本人疏忽本身的健康問題而導致的損傷或損失等負上任何責任。								
Please complete this form in English with BLOCK Capital Letters, tick '√' as appropriate. Please fill in the Surname, Given Name and Chinese Name (if any) according to your Hong Kong Identity Card and/ or Passport. 請按香港身份證/ 護照上之姓名填,並以以英文正楷填寫以下資料。								
Information of the Principal Cardholder 主證會員	<b>員資料:</b> (1997) (19977) (19977) (1997) (1997) (1997) (1997) (1997) (1997) (1997							
Re: Discovery Bay Unit 愉景灣單位:	( )							
Aember Number 主證會員證號碼:								
Surname 姓: Given Name 名:								
Temporary Supplementary Cardholder Information 臨 時 附 屬 證 申 請 人 資 料 Relationship to Principal Cardholder 與主證會員關係: □Spouse 夫婦 □Other 其他								
Relationship to Principal Cardholder 與主證會員關	係: □Spouse 夫婦 □Other 其他							
Relationship to Principal Cardholder 與主證會員關f Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太								
Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太	□Dr.博士/醫生 *Gender 性別: □M男 □F女 Given Name 名:							
Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太 Surname 姓: Date of Birth 出生日期:(dd)(mr	□Dr.博士/醫生 *Gender 性別: □M男 □F女 Given Name 名:							
Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太 Surname 姓: Date of Birth 出生日期: (dd) - (mm Nationality 國籍:	□Dr. 博士/ 醫生 *Gender 性別: □M男 □F女 Given Name 名: n) - (yyyy) Occupation 職業:							
Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太 Surname 姓: Date of Birth 出生日期: (dd) - (mm Nationality 國籍: HKID/Passport Contact No. 聯絡號碼: (Mobil E-mail 電郵地址:	□Dr. 博士/ 醫生 *Gender 性別: □M男 □F女 Given Name 名: n)(yyyy) Occupation 職業: rt No. 香港身份證/ 護照號碼: ile 手提)(Home 家)							
Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太 Surname 姓: Date of Birth 出生日期: (dd) - (mm Nationality 國籍:HKID/Passport Contact No. 聯絡號碼:(Mobil E-mail 電郵地址: Effective Date 生效日期:(dd) - (mm Payment on Facilities and F&B Consumption Us 和用設施及餐飲消費之付費方式:	□Dr. 博士/ 醫生 *Gender 性別: □M男 □F女 Given Name 名: m) - (yyyy) Occupation 職業: rt No. 香港身份證/ 護照號碼: ile 手提) (Home 家) mm) - (yyyy) Isage by: I, the Principal Cardholder, agree and confirm the expenses incurred by the Pass-Holder will be debited to my account automatically. 本人 (主證) 同意並確定持證人所有消費將自動於本人之帳戶內扣除。 *(Subscription fee is charged on calendar monthly basis 費用將按曆月收取)							
Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太 Surname 姓: Date of Birth 出生日期: (dd) - (mm Nationality 國籍: HKID/Passport Contact No. 聯絡號碼: (Mobil E-mail 電郵地址: Effective Date 生效日期: (dd) - (m Payment on Facilities and F&B Consumption Us	□Dr. 博士/ 醫生 *Gender 性別: □M男 □F女 Given Name 名: m) - (yyyy) Occupation 職業: rt No. 香港身份證/ 護照號碼: ile 手提) (Home 家) mm) - (yyyy) Isage by: I, the Principal Cardholder, agree and confirm the expenses incurred by the Pass-Holder will be debited to my account automatically. 本人 (主證) 同意並確定持證人所有消費將自動於本人之帳戶內扣除。 *(Subscription fee is charged on calendar monthly basis 費用將按層月收取)							
Title 稱謂: □Mr.先生 □Miss 小姐 □Mrs. 太太 Surname 姓: Date of Birth 出生日期: (dd) - (mm Nationality 國籍: HKID/Passport Contact No. 聯絡號碼: (Mobil E-mail 電郵地址: Effective Date 生效日期: (dd) - (m Payment on Facilities and F&B Consumption Us 租用設施及餐飲消費之付費方式: □ # Credit on Account 掛賬於會員卡戶口 or 或	□Dr. 博士/ 醫生 *Gender 性別: □M男 □F女 Given Name 名: <u>m) - (yyyy)</u> Occupation 職業: t No. 香港身份證/ 護照號碼: ile 手提) (Home 家) <u>mm) - (yyyy)</u> <b>Jsage by:</b> I, the Principal Cardholder, agree and confirm the expenses incurred by the Pass-Holder will be debited to my account automatically. 本人(主題) 同意並確定持證人所有消費將自動於本人之帳戶內扣除。 *(Subscription fee is charged on calendar monthly basis 費用將按靨月收取) □ Other Payment 其他付費 a needed for our record. <u>Deposit is applicable if #Credit on Account</u> Facility (Optional) apply to the Temporary Supplementary							

Please refer the 'Membership & Tariff' of Discovery Bay Recreation Club for the latest membership charges. 有關最新之會籍費用,請參閱愉景灣康樂會之「會籍細則及有關收費」

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Should you have any queries on how to join the club, please contact our Membership Department on 2987 7381, or by email at <u>dbrc-membership@dbrc.hk</u>, or approach our staff at the Reception Counter for more details. **Payment can be made by** cash, cheque (payable to "DISCOVERY BAY RECREATION CLUB LIMITED"), or by credit card / EPS at the Reception Counter.

### Statement on Use of Personal Data

- After you have become a DBRC member, the Club Management would like to use your personal data (including your name, email, mailing address & telephone number) for marketing communications such as direct-mail, email and SMS containing news, promotions, offers and events to be offered by DBRC and affiliated partners in relation to the following classes of products and services: food & beverage offers, events & functions, sports & recreation activities, classes and lessons, privileges and benefits, travel & charity programs, social networking and community news. We trust that you may find our updates useful and of value and will stay tuned for our exclusive offers and promotions!
- We are committed to preserving the confidentiality of your personal data collected. All data will only be used exclusively by/for DBRC, and will not be sold, traded or rented in any forms through any means to any other third parties.
- All members have the rights to request access to and to request the correction of his or her own personal data held by the Club. Please contact us by post (Membership Department, Discovery Bay Recreation Club Ltd, Discovery Bay) or via email (<u>dbrc-membership@dbrc.hk</u>).
- We provide other opt-out channels for you to unsubscribe from receiving our information and service. Please inform us by mail or email below with your name, membership number and the class(es) of products, services and/or subjects that you would like to opt-out from:-

By Mail: Membership Department, Discovery Bay Recreation Club Ltd, Discovery Bay.

By Email: dbrc-membership@dbrc.hk

You will be removed from our mailing list within 7 working days upon our receipt of your request.

### DECLARATION

# I, the Principal Cardholder, agree to pay deposit to Discovery Bay Recreation Club Limited (DBRCL) as security for the performance and observance of any provision of the Discovery Bay Recreation Club (DBRC) Rules and By-Laws by me, my nominee, spouses, children, guest or my representative and the Club shall be entitled to deduct or set off the Deposit from or against any amount due to the Club in respect of any non-performance or non-observance by me, my nominee, spouses, children, guest or my representative.

I, the Principal Cardholder, confirm that the information given above is true and correct and I understand that my application is subject to acceptance by the DBRC. In the event of acceptance, I shall be responsible for the payment of all the expenses incurred by the cardholders and be bound and abide by the Club Rules and By-Laws.

We, the Principal Cardholder and the Supplementary Cardholder, agree to the proposed use of our personal data in accordance to the Statement on Use of Personal Data as stated on this application form.

## 有關收集個人資料聲明

- 當您為愉景灣康樂會成員後,會所管理團隊可以使用您的個人資料(包括閣下的姓名,電郵,郵寄地址及電話號碼)用於營銷傳播,例如以郵寄、電郵、SMS短訊方式,向閣下推廣由愉景灣康樂會及其附屬合作夥伴提供的消息、宣傳、優惠及活動,相關產品和服務如下:食品及飲料優惠、聚會、運動及康樂活動、課程、特權及福利、旅遊及慈善活動,以及社交網絡及社區新聞。我們相信您會發現我們的更新是有用且有價值的,並會關注我們的獨家優惠及推廣活動!
- 我們承諾會將您的個人資料保的機密。所有資料只由/ 為愉景灣康樂會使用,並不會以任何方式出售、交易及 租借給任何第三方。
- 所有會員有權要求獲取及更改會所持有有關您的個人資料,請致函(地址:會員部- 偷景灣康樂會)或發電郵(<u>dbrc-membership@dbrc.hk</u>)與本會聯絡。
- 我們提供其他選擇不接收營銷通訊的方法讓您取消訂 閱/接收我們的資訊及服務。請以郵寄或電郵方式(連同 閣下的姓名及會員編號)·通知我們您希望對哪類別的 產品、服務或主題選擇不接收營銷通訊。
- 地址:會員部門----偷景灣康樂會

電郵:<u>dbrc-membership@dbrc.hk</u>

我們將在收到您請求後的7個工作天內將您從我們的郵件 列表中刪除。

#### 申報聲明

#本人(主證持有人)承諾向康樂會繳付按金,以保証本人、 本人之提名人、配偶、子女,嘉賓或本人之代表須履行並 遵守在會所章程及附例內之一切條款。倘以本人、本人之 提名人、配偶、子女,嘉賓或本人之代表未能履行或遵重 會所 章程及附例,會方有權在按金中扣除有關款項。

本人(主證持有人)確認上述所有業主資料均正確 無誤。本 人會為附屬卡持有人於會所之消費開支負上責任,並遵從 會所章程及附例之約束。

本人(主證及附屬證持有人)同意愉景灣康樂會上述之有關使用本人的個人資料之聲明。

*Signature of Principal Cardholder					
主證會員簽署					

\*Signature of Supplementary Cardholder 附屬證申請人簽署 Date 日期

FOR OFFICE USE ONLY		Processed on:		By:	
Usage Term: Credit / Cash		Expiry Date:	(dd) -	(mm) -	(уу)
Card No.: -	A / SC/JR	Card Issued Date:			

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